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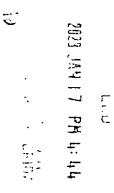
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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01/17/23--01033--020 **125.00



TELL EUX

COVER LETTER

TO:

Registration Section

JECT:	
Na	me of Limited Liability Company
	y Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.
e return all correspondence concerning this matter	r to the following:
John Weiss	
	Name of Person
Shelving Rock, LLC	
	Firm/Company
601 Brickell Key Dr. Ste 700	
	Address
Miami, FL 33131	
	City/State and Zip Code
jweiss@shelvingrock.com	
E-mail address: (to	be used for future annual report notification)
urther information concerning this matter, please of	call:
John Weiss	203 993-6224 at ()
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee
randnassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting business in Flo	orida. The	alternate name must include "Limited	Liability Company,	," "L.L.C," or
Delaware		2	36-4791265		
(Jurisdiction under the law of which foreign limited liability company is organized)		٥.	(FEI number, if applicable)		
January 1, 2018					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registratio ne penalty	n.) (imbility)		
SRP 2014-16, LLC		6	SRP 2014-16, LLC		
eet Address of Principal Office)		6.	(Mailing Address)	125	2923
601 BRICKELL KEY	DR SUITE 700		601 BRICKELL KEY DR	SUITE 700	است است الراب
MIAMI, FL 33131			MIAMI, FL 33131		<u>-</u>
Name and street addres	s of Florida registered agent: (P.O. Box	NOT	acceptable)		H 4: 44
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Road				
	Plantation		33324 , Florida		
	(City)		(Zip code)		

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

C T Corporation System

Mark Holloway, Asst. Sec.

(Registred agent's signature)

manage [up to six (6) total]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: Stephen Lamando □Manager ■Manager Name: _____ Address: _____ □Member □Member Address: Ste 700 □ Authorized ☐ Authorized Miami, FL 33131 Person Person Other____ Other □Other_____ Other Brian Newman □Manager Name: _____ □Manager Address: 601Brickell Key Dr. ☐ Member ☐ Member Address: Ste 700 **Authorized** ☐ Authorized Miami, FL 33131 Person Person □Other □Other_ □ Other____ □Other _ □Manager Name: ____ □Manager Name: _____ Address: □Member Address: ☐ Member □ Authorized ☐ Authorized Person Person □Other □Other... □Other_____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SRP 2014-16, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE THIRD DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 202410016

Date: 01-03-23